

Family History

Your Father's Father Your Father's Mother Your Mother's Father Your Mother's Mother

Your Aunts/Uncles Your Father Your Mother Your Aunts/Uncles

Your Brother/Sister Your Brother/Sister Your Brother/Sister Your Brother/Sister

You

For each box, under your blood relatives, please indicate if they have had the following:

- Colorectal Cancer
- Inflammatory Bowel Disease
- Gastrointestinal problems
- Polyps

Share this information with your doctor, to see when you should have your colorectal screening